

PARTICIPATION INFORMATION

Team Name: _____ Division: _____
Coach's Name: _____
Child's Name: _____
Birthday: _____ Age: _____ Weight: _____ Height: _____ Sex: _____ Grade: _____ School: _____
Address: _____ Zip: _____
Parent or Guardian's Name: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Doctor's Name: _____ Phone: _____
Neighbor or other person to be contacted in case of an emergency when parents cannot be reached:
Name: _____ Phone: _____

PARENTS: Please fill out form and return to your child's coach. This form must be completed and turned in by the first regular season game.



CITY OF ROCKVILLE DEPARTMENT OF RECREATION AND PARKS

AGREEMENT – To Participate in League Basketball

PARTICIPANT'S NAME: _____

I understand:

- 1) That there are inherent dangers involved in participation in the sport of basketball.
- 2) That I must be aware of the risks and hazards associated with participation in league basketball, including, but not limited to:
 - a) Injuries caused by errant thrown balls, swinging elbows, or other physical contact on the court.
 - b) Collisions with other players or immovable objects such as bleachers, walls, tables, etc.
 - c) Slips, trips, and falls encountered on the gymnasium court surface, or for other reasons.
 - d) Various other athletic injuries related to sports and play.
 - e) Concussion
- 3) The rules and regulations which govern participation in league basketball, as available to all players and teams in written form and/or explained by City staff.

I agree:

- 1) To obey the rules and regulations which govern participation in City of Rockville league basketball play.
- 2) To examine the court and facilities prior to the beginning of each game or practice, and inform a staff member of any dangerous or potentially hazardous situations I observe.
- 3) To use common sense in determining my physical abilities and stamina, and to keep my level of play within sensible limits.
- 4) To not allow my child to be transported to and from games and practices at any time in open pick-up trucks; further, I am aware this is against the law.
- 5) To review the concussion information sheet provided by the City of Rockville



Signature of Participant (8 years or older must sign)

Date

Parent/Guardian: By my signature below, I hereby certify that I have reviewed the above Agreement to Participate with my child and that he/she understands his/her responsibilities as a participant.



Signature of Parent/Guardian

Date

RELEASE

I know that participation in league basketball play may be a hazardous activity and that my child should not participate unless he/she is in good physical shape and is medically able. **I assume all risks associated with participation in this activity, including but not limited to, those generally associated with this type of activity, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature.** In consideration of the right to participate in the above-named activity or program and in further consideration of the arrangement made for my child by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, I do hereby on behalf of my child, my heirs, and executors, agree to indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from my child's participation in the above-referenced program or activity.

I further grant permission for a doctor or emergency medical technician to administer emergency treatment of my child, _____ (named child), _____ (age), in the event I cannot be reached in a medical emergency.



Signature of Parent/Guardian

Date